

<i>SERFF Tracking Number:</i>	<i>BNLA-126860699</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bankers Life and Casualty Company</i>	<i>State Tracking Number:</i>	<i>47052</i>
<i>Company Tracking Number:</i>	<i>5202(9/10)</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>5202(9/10)</i>		
<i>Project Name/Number:</i>	<i>5202(9/10)/5202(9/10)</i>		

Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: 5202(9/10)

SERFF Tr Num: BNLA-126860699 State: Arkansas

TOI: LTC06 Long Term Care - Other

SERFF Status: Closed-Filed

State Tr Num: 47052

Sub-TOI: LTC06.000 Long Term Care - Other

Co Tr Num: 5202(9/10)

State Status: Closed

Filing Type: Advertisement

Reviewer(s): Marie Bennett, Harris Shearer

Authors: Thomas Kimble, Dan Murphy

Disposition Date: 10/25/2010

Date Submitted: 10/14/2010

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 5202(9/10)

Status of Filing in Domicile: Not Filed

Project Number: 5202(9/10)

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/25/2010

Explanation for Other Group Market Type:

State Status Changed: 10/25/2010

Deemer Date:

Created By: Dan Murphy

Submitted By: Dan Murphy

Corresponding Filing Tracking Number:

Filing Description:

RE: Bankers Life and Casualty Company

NAIC# 61263

LONG TERM CARE ADVERTISING

Lead Generating Devices

Letter 5202 (9/10)

Dear Sir/Madam:

SERFF Tracking Number: BNLA-126860699 State: Arkansas
Filing Company: Bankers Life and Casualty Company State Tracking Number: 47052
Company Tracking Number: 5202(9/10)
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: 5202(9/10)
Project Name/Number: 5202(9/10)/5202(9/10)

In accordance with your state's requirements, we are filing the above captioned form.

This advertising material is designed to be sent out to prospective clients to generate interest in our previously approved Long Term Care Insurance policies and their relation to your state's Long Term Care Partnership Program.

These forms have not been filed in our home state of Illinois.

Your consideration of this filing is sincerely appreciated. If you have any questions, please contact me directly. My complete contact information is displayed below

Company and Contact

Filing Contact Information

Dan Murphy, Compliance Administrator d.murphy@banklife.com
600 West Chicago Ave 312-396-6134 [Phone]
Chicago, IL 60654-2800 312-396-5907 [FAX]

Filing Company Information

Bankers Life and Casualty Company CoCode: 61263 State of Domicile: Illinois
600 West Chicago Ave Group Code: 233 Company Type:
Chicago, IL 60654-2800 Group Name: State ID Number:
(800) 621-3724 ext. [Phone] FEIN Number: 36-0770740

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Life and Casualty Company	\$50.00	10/14/2010	40731687

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<i>Project Name/Number:</i>	<i>5202(9/10)/5202(9/10)</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	10/25/2010	10/25/2010

<i>SERFF Tracking Number:</i>	<i>BNLA-126860699</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 10/25/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>BNLA-126860699</i>	<i>State:</i>	<i>Arkansas</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	LTCP Mailer		Yes

SERFF Tracking Number:	BNLA-126860699	State:	Arkansas
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Form Schedule

Lead Form Number: 5202(9/10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	5202 (9/10)	Advertising	LTCP Mailer	Initial		0.000	5202(9-10).pdf

ELIGIBILITY NOTICE FOR STATE RESIDENTS

FROM: ATTN: [STATE NAME] RESIDENTS
Bankers Life and Casualty Company
600 West Chicago Ave
Chicago, IL 60654-2800

TO: Information Registration I.D. # 123456789
Mr. John Doe
123 Main St.
Apt. 123
Anytown, US 12345-6789
|||||

POSTMARK DATE
Call or Mail request by:
[MONTH DAY YEAR]

Dear [Sample A. Sample]:

This letter is to advise you that as a [state] resident, you may purchase a long term care insurance policy that is **eligible to participate in your state's long term care partnership program**. This program is designed to encourage and reward those who take an active role in planning ahead for future long term care needs.

A qualified Long Term Care Partnership policy allows you to **PROTECT YOUR FINANCIAL ASSETS** from **SPEND DOWN** requirements under your state's Medicaid program, if assistance under this program is ever needed and you otherwise qualify for Medicaid.

We have created a free information Guide that is now available that will help explain how Long Term Care insurance products can help you with these expenses.

PLEASE REQUEST THE GUIDE FOR PROGRAM BENEFIT INFORMATION.

The guidebook provides critical information to help you answer:

- **Who will take care of me in the event of an accident or illness?**
- **Can I get the care I need without sacrificing everything I've worked for?**
- **How can I make my own decisions about my future?**
- **How is the state helping people who plan for their futures?**

THIS INFORMATION IS FREE TO STATE RESIDENTS WHO REQUEST IT:

- **Call the Information Request Line toll-free: [1-800-XXX-XXXX]**
- **Or detach and mail the form below** (postage has been paid)

5202 (9/10) *An insurance agent may contact you.*

(over please) 5202 (9/10)

FREE INFORMATION REQUEST for STATE RESIDENTS

Complete, detach & mail this request card to receive your free information

If address is NOT correct, please correct it on the back.

[State] Resident:

Mr. John Doe
123 Main St.
Anytown, US 12345-6789

Phone #: _____

Date of Birth: ____/____/____

Information Registration I.D. #

BARCODE NUMBER

Please mail on/before:

JAN 04 2008

FOR STATE RESIDENTS ONLY:

FREE INFORMATION GUIDE

☐ **Yes!** Please send me a free Guide and provide information on how Long Term Care insurance and the [state] Partnership Program can help protect my assets.

Line 1
Booklet Fulfillment Center
PO Box 224907
Dallas, TX 75222-9729
Postal Barcode

Barcode Here

There is no obligation and this guide will be provided free of charge to anyone who requests it by phone or by mail.

Correct any change in address here:
